TENNESSEE DEPARTMENT OF EDUCATION OFFICE OF TEACHER LICENSING EXPERIENCE VERIFICATION FORM

This form does <u>not</u> need to be completed for experience which has been accrued at a Tennessee Public School. Use this form in reporting non-public school teaching experience accrued in Tennessee, public and non-public school teaching experience accrued outside of Tennessee, and administrative or teaching experience in approved colleges and universities.

IMPORTANT: Please keep a copy of this form. You will need to give a copy to your superintendent when you are employed.

Name	Social Sec	Social Security Numbe		Teacher Reference Number		
School System	State		School System's Telephone Number			
EXPERIENCE RE	CORD (Please list experience year)	y beginning v	vith July 1 and	l ending Ju	ne 30.	
Name of School	Position and Grade Level	School Year		Time Served		Full Time or
		Start Date	End Date			Indicate
		Mo/Day/Yr	Mo/Day/Yr	Month(s)	Day(s)	% Part Time
The above school system or college	was fully approved or accredite	ed by the		-		-
The above contest system of contege	mae rany approvod or accreain	•	_ at the time	e service	was perfo	rmed.
(State Department of Education or A	ssoc. of Colleges & Schools)		_		•	
Public School	U.S. Govt. School	S. Govt. School Private School				
Full Time Member of Col	lege or University Faculty					
I hereby certify that the above listed above. <i>(This form must be signed)</i>					he teache	er named
Signature	Title	Telephone Number				
Address						
Street/P.O. Box	City		State	Zi	ip Code	
Email Address		Date				